

ROUTE:

VOLUNTEER APPLICATION

DATE:

Please complete application and send to:

Catawba County Social Services

Attention: Volunteer Coordinator (Meals on Wheels)

P.O. Box 669 Newton, N.C. 28658

A: NAME (LAST, FIRST, MI)

B: ADDRESS (STREET, CITY, ZIP)

C. PHONE: (W) _____ (H) _____ CELL _____

D. (EMPLOYER) _____ (OCCUPATION) _____ (POSITION) _____

Birthday : _____ (month & day only)

1. NUMBER OF DAYS PER MONTH YOU COULD VOLUNTEER _____
PREFERRED DAY (S) OF WEEK TO DELIVER MEALS _____
ARE YOU WILLING TO SUBSTITUTE: (YES) _____ (NO) _____?
2. WOULD YOU BE INTERESTED IN DOING VOLUNTEER OFFICE WORK?
(YES)____(NO)____ VOLUNTEER FOR SENIORS' MORNING OUT? YES____NO____
3. HOW DID YOU HEAR ABOUT MEALS ON WHEELS? Friend (), TV (), Church ()
Other () Explain: _____,
4. DO YOU SPEAK ANY FOREIGN LANGUAGE? (YES) _____ (NO) _____
WHICH LANGUAGE? _____
5. DO YOU HAVE A VALID DRIVER'S LICENSE? (YES)_____ (NO) _____
6. DO YOU HAVE HEALTH RELATED PROBLEMS OR PHYSICAL
LIMITATIONS? _____
7. HAVE YOU EVER BEEN CONVICTED OR PLED GUILTY TO A FELONY?
IF YES, PLEASE EXPLAIN: _____
8. INCLEMENT WEATHER VOLUNTEERS:
A: I WOULD LIKE TO BE PICKED UP_____B: USE MY VEHICLE_____
C: WILL RIDE WITH SOMEONE_____

LIST THREE PERSONAL REFERENCES AND PHONE NUMBERS:

1 _____ **2** _____ **3** _____

REFERRALS FOR FUTURE VOLUNTEERS: _____ PHONE: _____

SIGNATURE OF APPLICATION: _____

Email address: _____

REFERENCES CHECKED _____